

	Сотр				
FEE TRANSMITTAL	Application No.		To be ass	To be assigned	
FEE TRANSIVITIAL	Filing Date		July 28, 2003		
	First Named Inventor		Huo-Lu Tsai		
[BOX PATENT APPLICATION]	Examiner Name		To be assigned		
	Group Art Unit		To be assigned		
Total Amount Of Payment (\$) 375.00	Attorney Doc	018150.0	018150.0280		
METHOD OF PAYMENT (check one)	FEE CALCULATION (co			(continued)	
1. The Commissioner is hereby authorized to	3. ADDITIONAL FEES				
charge indicated fees and credit any over	Fee Description				Paid
payments to Deposit Account No. 02-0375	☐ Surcharge - late filing fee or oath			\$	
in the name of Baker Botts L.L.P.	Surcharge - late provisional filing fee or cover sheet			\$	
☐ Charge any additional fee required under 37	☐ Extension for reply with 2 month			\$	
C.F.R. §§ 1.16 and 1.17 to Deposit Account	☐ Notice of Appeal			\$	
No. 02-0375.	☐ Filing Brief in Support of Appeal			\$	
2. $\boxed{\mathbf{X}}$ Check Enclosed. The Commissioner is	☐ Request for Oral Hearing			\$	
hereby authorized to charge any variance	☐ Utility Issue Fee (or reissue)			\$	
between the amount enclosed and the Patent Office charges to Deposit Account No. 02-	☐ Design Is:		\$		
0375 in the name of Baker Botts L.L.P, The			\$		
Warner, Suite 1300, 1299 Pennsylvania	□ Petitions to Commissioner			\$	
Avenue, N.W., Washington, D.C. 20004-2400.	Petition to Revive (unavoidable)			\$	
	Petition to Revive (unintentional)			\$	
FEE CALCULATION	☐ Petitions Application	Related to Provi	sional	\$	
1. BASIC FILING FEE	☐ Submissid	ion of Information	n Disclosure	\$	
<u>Fee Paid</u>	☐ Filing Submission After Final Rejection				
Utility Filing Fee \$375.00	☐ Recordati	ordation of Assignment			
Design Filing Fee \$ Plant Filing Fee \$	☐ Filing Red	equest for Reexa	mination \$		
Reissue Filing Fee \$	☐ Other (sp	***************************************			
Provisional Filing Fee \$					
2. EXTRA CLAIMS FEES			<u>.</u>		
CLAIMS AS	AMENDED	Dete			_
Highest Numb	er	Rate	Small Entity		Amount
For Number Present Paid For TOTAL CLAIMS 1 20		arge Entity \$ 18.00	x \$ 9.00		.00
TOTAL CLAIMS 1 20 INDEPENDENT CLAIMS 1 3		- 	x \$ 42.00		.00
MULTIPLE DEPENDENT CLAIMS		\$ 280.00	\$ 140.00	\$0.00	
TOTAL EXTRA CLAIMS FEES \$0.00					
SUBMITTED BY Complete (if applicable)					able)
Typed or Printed Name James B. Agin		Regist			33,470
Signature Detail	7/28/03			Account User ID 02-0375	
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